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ABSTRACT

This report summarizes the activities of two workshops on child care options for low-income families. The workshops focused on factors affecting patterns of child care use among low-income families, child care and children's development, child care and economic self-sufficiency, and the structure and consequences of child care subsidies. It concludes that: (1) low-income families resemble other families in the considerations that guide their child care preferences and choices; (2) there is a relatively low supply of care for infants, school-age, and special needs children; (3) the quality of care available to low-income families is highly uneven; (4) variation in child care quality has discernable and significant effects on children's development; (5) continuity of care is an especially important issue for low-income families; (6) child care subsidies appear to facilitate low-income families' efforts to obtain and maintain paid employment; and (7) federal funding levels that restrict states' capacity to provide subsidies to all qualified families lead to a series of detrimental consequences. A list of workshop participants is included. An appendix contains the workshop agendas. (Contains 33 references.) (MDM)

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BOARD ON
Children and Families

Child Care for Low-Income Families

Summary of Two Workshops

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Child Care for Low-Income Families

Summary of Two Workshops

Deborah A. Phillips, Editor

Steering Committee on Child Care Workshops
Board on Children and Families

Commission on Behavioral and Social Sciences and Education
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Preface

Child care has become a fact of life for American families. Most children now enter child care during the first year of life and spend a substantial amount of time prior to school entry in the care of adults other than their parents. The implications of this profound shift in childrearing for children's health and safety, emotional security, and preparation for school are far-reaching. Child care also lies at the core of current debates about welfare reform and school readiness, and so it has moved to center stage in the larger arena of discussion about federal policy for children and families.

The National Research Council's Committee on Child Development Research and Public Policy previously convened a Panel on Child Care Policy to synthesize and critically assess data and research that can inform the future design of our nation's child care system. The report of the panel, *Who Cares for America's Children?* (Hayes, Palmer, and Zaslow, 1990), made recommendations for policy and programs in the areas of funding, Head Start expansion, government and employer roles, quality standards, and parental leave.

In the intervening five years, major new federal child care legislation focused on low-income families has been enacted, use of child care has continued unabated, and substantial new research has been conducted on a range of issues not fully considered in the 1990 report. What does research now tell us about patterns of child care use among low-income fami-

lies and the factors that affect these patterns? What is the range of quality that characterizes today's child care arrangements, with what effects on children? What is known about the role of child care in families' efforts to prepare for and maintain paid employment? What are the local impacts of federal child care subsidies? What role are they playing in families' efforts to find affordable child care that also safeguards the security and well-being of their children?

These and other questions are the subject of this workshop report issued under the auspices of the Board on Children and Families' Steering Committee on Child Care Workshops. The board is a relatively new entity of the National Research Council and the Institute of Medicine, which through their many committees and boards are deeply involved in applying scientific knowledge to social and health policies. As part of the commitment to improving the life chances of all children and youth, the Board on Children and Families provides a scientific forum for increasing the understanding of the many complex issues that affect our youngest citizens.

Jack Shonkoff, Chair
Steering Committee on Child Care Workshops

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1

Introduction

Federal child care policy has evolved over the past 50 years in fits and starts, with a peak investment made during World War II that even current funding does not match. What has been consistent, however, is the rapid growth in reliance on child care, particularly over the past three decades. As of 1993, 9.9 million children under age 5 were in need of care while their mothers were at work (Bureau of the Census, 1995). Approximately 1.6 million of these children lived in families with monthly incomes below $1,500. An additional 22.3 million children ages 5 to 14 had working mothers, many of whom required child care during nonschool hours. Over half of all infants under age 1 are now in some form of nonmaternal care, with the majority enrolled for 30 hours or more per week (Hofferth et al., 1991). The high costs of child care, as well as increasing understanding of the importance of children's early experiences for their future development, have also heightened national attention to this issue.

Federal funds allocated to families for child care have doubled since 1980; funds targeted to low-income families have almost tripled (Hofferth, 1993). Despite the proliferation of child care programs, however, most states find that they are far from serving all low-income families who are eligible for assistance (U.S. Advisory Commission on Intergovernmental Relations, 1994). As families' reliance on child care continues to grow, many issues involving service delivery and financing, the quality and sta-

bility of care, and systematic data collection on child care remain unaddressed. Child care for children in low-income families is of special interest in light of current reforms in education and welfare that are likely to increase the numbers of very young low-income children in child care and to augment pressures on preschool settings to foster children's preparation for school.

It is in this context that the Administration for Children and Families of the U.S. Department of Health and Human Services requested the Board on Children and Families to conduct a series of workshops on child care. The workshops focused on poor and low-income families using typical community- and family-based arrangements, as distinct from enriched early intervention programs. Low-income families include the working and nonworking poor, as well as those living just above the poverty line. Different studies discussed at the workshops apply different income cutoffs when defining low-income samples for research purposes, and income-eligibility cutoffs for public subsidies vary across states. In general, however, low-income was seldom defined to include families with annual incomes above $18,000; more typically, the term was defined to include families with incomes below $15,000, which now encompass one out of every four children under age 6 (Hernandez, 1995).

The Board on Children and Families established a steering committee to oversee the workshops, the members of which are listed at the beginning of this report. Through presentations and interactive discussions at three workshops, the participants:

- distilled the conclusions of available research about child care for low-income and poor families, particularly research conducted since the 1990 publication of *Who Cares for America's Children?* by the National Research Council (Hayes et al., 1990),
- examined the current status of the child care delivery system and the extent to which the issues raised from this perspective are addressed by research, and
- considered promising directions for future research on child care and its articulation with the information needs of policy experts, program administrators, and practitioners.

This report summarizes the deliberations of the first two workshops (the appendix contains the agendas for the two workshops), which focused on what we know from research and from the vantage point of service delivery about the current status of child care for low-income fami-

lies. A companion report summarizes the discussion of research priorities for the future (the focus of the third workshop).

The workshops were designed to provide a forum for cross-fertilization of ideas among researchers studying child care from differing disciplinary vantage points and to integrate knowledge about child care that is being generated by empirical research, national and regional demonstration projects, and community intervention efforts. The workshop participants included researchers from a range of disciplines (e.g., child development, sociology, economics, political science), federal agency heads and staff, congressional staff, state and local child care administrators, and representatives from the private sector.

The participants were keenly aware of the contentiousness that surrounds discussions of child care. They were also cognizant of the numerous pressures that are now impinging on the existing child care system—for greater efficiency and consolidation, more state and local discretion, and accountability for outcomes. Their own perspectives about how best to respond to these pressures varied widely. They shared, however, a concern about the adequacy of available child care for low-income children and a belief in the value of research as a guide for future policy developments in this area.

Over the course of the first two workshops, the discussion converged on several issues, which provide the structure of the report:

- Factors affecting patterns of child care use among low-income families (Chapter 2);
- Child care and children's development: safety, quality, and continuity (Chapter 3);
- Child care and economic self-sufficiency (Chapter 4); and
- The structure and consequences of child care subsidies (Chapter 5).

The final chapter provides a summary of the cross-cutting conclusions from the workshops. The information in this report captures many of the prevailing issues and tensions that are driving efforts to reconsider the basic structure of public support for child care. Many insights and impressions were offered by the workshop participants, the richness of which this report attempts to capture. The Board on Children and Families hopes that it will be a stimulus to more thorough and ongoing consideration by other groups of how best to meet the needs of children when their parents are working or preparing for work.

2
Choices or Constraints? Factors Affecting Patterns of Child Care Use Among Low-Income Families

THE ISSUE IN BRIEF

Low-income families tend to rely more on some types of child care and less on others, compared with families with greater financial resources. Specifically, they are more likely to rely on relatives and less likely to rely on center-based arrangements (Figure 1). Grandparents are an especially prominent source of child care for low-income, preschool-age children: 17 percent are cared for mainly by grandparents; 29 percent get some care from a grandparent. The child care arrangements of low-income families also vary greatly by household type and parental employment status (Table 1). Single employed mothers rely to a much greater extent on nonrelative arrangements (notably family day care homes and centers) than do other types of low-income families. In addition, among low-income families, about 24 percent of children under age 5 are in more than one supplemental arrangement on a regular basis (Brayfield et al., 1993). Reliance on multiple arrangements varies, however, from 14 percent of low-income preschoolers with two parents to 31 percent of those in single-mother families and 45 percent of those in employed, single-mother families.

Some argue that these disparate patterns reflect income-based preferences for different forms of care. Others contend that, although preferences may play a role, the child care choices of low-income families are seriously constrained by financial and other factors. Low-income families

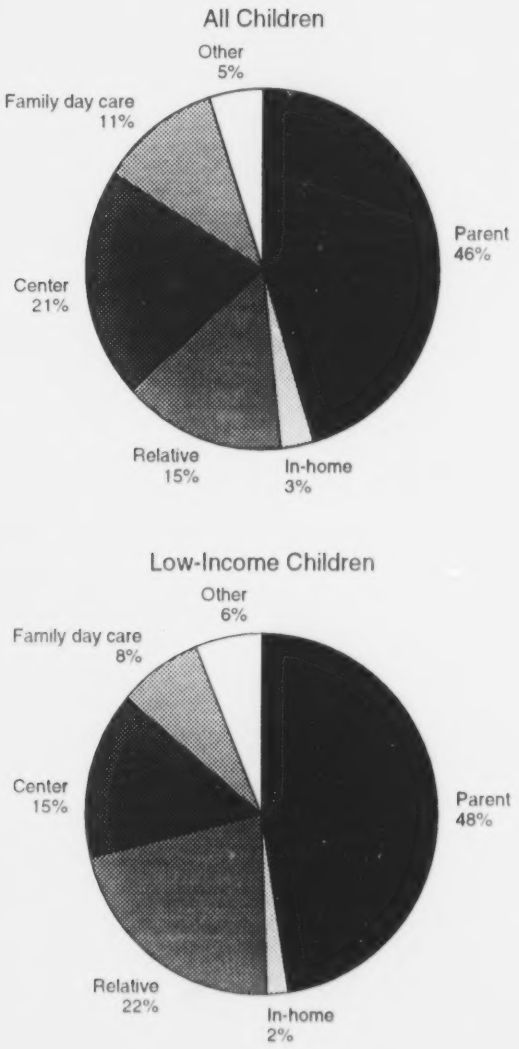

FIGURE 1 Main child care arrangements of all children and low-income children under age 5.
Source: Adapted from Hofferth et al. (1991) and Brayfield et al. (1993). Reprinted with permission.

Note: Percentages total more than 100 due to rounding. Figures include children with employed and nonemployed parents.

TABLE 1 Main Child Care Arrangement of Low-Income Children, by Household Type for Children Under Age 5

		Child Care Provider					
Family Type	Sample Size	Parent (%)	Relative (%)	In-Home (%)	Family Day Care (%)	Center (%)	Other (%)
Two parents	310	64.1	15.8	1.5	5.5	8.5	4.6
both employed	75	40.2	26.7	0.8	11.0	12.1	9.3
one employed	172	69.2	15.4	2.3	4.3	5.2	3.6
none employed	62	79.0	3.9	0.0	2.3	13.2	1.6
Single mother	366	37.7	25.7	2.4	9.9	20.3	3.8
employed	119	16.9	30.1	1.0	21.0	27.2	3.8
not employed	247	47.8	23.7	3.1	4.6	17.0	3.8
Total	710	47.5	22.2	2.0	7.8	14.7	5.8

Note: The National Child Care Survey 1990 and its low-income supplement, from which this table comes, define low-income families as those with annual incomes below $15,000.

SOURCE: Adapted from Brayfield et al., 1993. Reprinted with permission.

face much more limited child care options than higher-income families. Furthermore, prospects that low-income families' reliance on child care may effectively be mandated by federal and state welfare reform initiatives have raised concerns regarding parents' ability to place their children in care arrangements that they feel assured are safe, nurturing, and supportive of their children's growth and development while they strive to meet work requirements.

What is known about the child care preferences of low-income families? Do they define "good" child care differently from middle- and upper-income families? What influences impinge on the capacity of low-income families to match their preferences with their actual child care arrangements, and do they differ from those that affect other families? Is there evidence that the child care choices of low-income families are constrained? These questions were addressed by several of the presentations at the workshops.

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SUMMARY OF RESEARCH PRESENTED

Patterns of Child Care Use

Low-income families resemble other families in the considerations that guide their child care preferences and choices. Like all families, they balance perceptions of what will benefit their children with the demands of their jobs, financial limits, and need for convenient arrangements. Their views of good child care are also similar to those of families with greater resources, emphasizing the need to protect their children's sense of security and well-being. At the same time, the translation of these considerations into preferences for various types of care appears to differ somewhat for low-income and other families.

The National Child Care Survey (a telephone survey of a nationally representative sample of households with a child under age 13), reported by April Brayfield,[1] examined what low-income families with annual incomes below $15,000 are using for child care and why they are using it. Approximately 48 percent of low-income children under age 5 are cared for mainly by their parents; an additional 10 percent are cared for exclusively by their parents. Only 22 percent of children with two employed parents and 8 percent of children with a single employed mother are cared for solely by their parents (15 percent of children whose mothers are in education and training programs are exclusively in parental care).

Of those relying on nonparental care, the distribution of preschool-age children across types of care varies greatly by the household type and employment status of the mother. Care by a relative is especially prevalent for low-income preschoolers with single mothers (26 percent), employed mothers (28 percent), and mothers in education and training programs (23 percent). Children under age 5 in families headed by employed single mothers are also heavily reliant on family day care (21 percent) and center-based care (27 percent) (see Table 1).

The National Child Care Survey also asked parents why they chose their current child care arrangement and found discernible differences by family income. Families with incomes under $15,000 were most likely to state a preference for relatives as caregivers (35 percent), whereas families with higher incomes were most likely to cite quality of care as the pre-

[1]Workshop participants are identified by their full names when they first appear in the text. For a complete listing of participants and affiliations, see the workshop agendas in the appendix.

dominant concern (37 percent of the middle-income sample and 47 percent of the high-income sample cited quality, compared with 26 percent of the low-income sample). "Quality," in turn, was most often defined as a feature of providers—whether they are warm and loving, their reliability, and their experience with children, features that many low-income families appear to equate with relative care rather than with the generic response choice of "quality." Low-income families were also four times more likely to mention cost (affordability) as a factor that affected their child care choices than other families (16 percent versus 4 percent for high-income families).

Among a subsample of low-income families with children under age 5 who expressed a desire to change arrangements, however, 70 percent cited quality of care as the major reason. Indeed, poor quality was cited slightly more often by low-income parents seeking to change than by parents of all income levels who sought a change, 60 percent of whom mentioned quality concerns. By way of comparison, only 3 percent of low-income families mentioned burdensome child care fees as a reason for preferring alternative arrangements. It is possible, of course, that parents may prefer to tell interviewers that quality is more important than other factors, such as cost (see Hofferth and Wissoker, 1992). But there is now a substantial literature that replicates the findings of the National Child Care Survey regarding the salience of quality considerations.

"CONCERN FOR THE SAFETY OF CHILDREN IN THESE SETTINGS OFTEN TAKES PRECEDENCE OVER EVERYTHING ELSE."
Siegel and Loman, 1991

Looking across a range of studies, Mary Larner elaborated on these survey findings. Low-income parents, particularly those receiving public assistance, appear to place a premium on considerations of safety and trust, followed by a concern for nurturance and educational opportunities when searching for child care. These findings need to be placed in the context of the high-crime, inner-city areas in which many of these families are raising their children. They also raise issues of *who* is trusted to provide child care by families who have traditionally relied on relatives as their primary support system, and who are likely to have experienced prejudice in the broader society. It is not surprising that these considerations of

safety and trust lead some low-income families to prefer care by relatives; for others, center-based care, with its public visibility, is viewed as offering greater protection. Seldom preferred is care by unfamiliar adults in home settings, either for preschool or school-age children (Larner and Phillips, 1994; Mitchell et al., 1992).

In sum, the evidence presented at the workshop suggests that all parents report a primary concern with the well-being of their children when choosing and rearranging child care for their young children. Characteristics of the provider are viewed as the primary factor in seeking good child care. In addition, low-income families appear to place a special emphasis on basic issues of safety and trust in the provider. Concern with other aspects of quality may be a luxury to families whose neighborhoods are far from safe havens for childrearing and whose lives are highly precarious.

Levels of Satisfaction

Data on parents' satisfaction with child care provide an important link between their stated preferences and their patterns of use. If parents are largely satisfied with their arrangements, one might assume that they are successfully obtaining care that matches their choices. If they are dissatisfied and seeking to change providers, choice becomes a matter of their capacity to bring the care that they are using more in line with what they want. Some note, however, that it may be difficult for some parents to acknowledge to interviewers that they are dissatisfied with their child care, particularly if they believe that it may stigmatize them as "bad parents" and call attention to their own concerns about the well-being of their children.

Across studies, virtually all parents who use child care indicate that they are satisfied with their current child care arrangements. Even among low-income families, about 95 percent of those using care for children under age 5 say they are satisfied or highly satisfied (Brayfield et al., 1993). These summary data, however, camouflage the complex portrait of parental satisfaction that is now emerging from research.

According to the National Child Care Survey, low-income single mothers were substantially less likely to indicate high levels of satisfaction (67 percent) than were low-income two-parent families (84 percent). There was no significant difference in satisfaction between parents relying solely on themselves as caregivers and families using some supplemental care.

Respondents were also asked, "Assuming you could have any type or combination of care arrangements you wanted for your youngest child, would you prefer some other type or combination of types instead of what you have now?" Across all income groups, 26 percent indicated that they wanted to change arrangements. The figure for low-income families was 27 percent. The group most likely to desire a change was employed single mothers, 43 percent of whom indicated a preference for care that differed from what they were using. Preferences for alternative arrangements also varied with the current type of care. Families using centers were least likely to want to change; those using in-home providers were most likely to desire a change. Half of those seeking a change wanted to switch to child care centers, the form of care many prefer as their children grow older.

A number of smaller studies, reported at the workshop, have also attempted to assess whether low-income parents would like to change their child care arrangements. In Marcia Meyers's sample of 225 single mothers participating in California's welfare-to-work program (called GAIN), one of three mothers indicated that she would have preferred a child care arrangement different from the one she was currently using (Meyers, 1995). Gary Siegel and Anthony Loman's interviews with mothers receiving Aid to Families with Dependent Children (AFDC) in Illinois revealed that mismatches between care preferred and care used are especially prominent among those seeking center-based care. In that study, 44 percent of the parents who were using some form of child care indicated a preference for child care centers, yet only 19 percent were using them (Siegel and Loman, 1991). Alternatively, most of those who preferred care in their own home or a relative's home were using this type of care. In a related finding, 65 percent of the respondents who had worked or gone to school in 1990 reported difficulties finding care that they were confident was safe, and a comparable share reported difficulties finding care "that is good for my child." Other studies of low-income families have also reported that one-third or more of mothers express a desire to switch arrangements (Kisker and Silverberg, 1991; Sonenstein and Wolf, 1991).

In sum, low-income single mothers who are combining work and childrearing with neither the financial nor the social resources to facilitate access to suitable child care indicate substantially lower levels of satisfaction and stronger desires to change arrangements than do other mothers. Among low-income families, for example, two-parent dual-employed families are over twice as likely to rely primarily on the parents for child

care (and half as likely to use family day care and center care as their main arrangement) than are employed, single-parent families (Brayfield et al., 1993) (see Table 1). Families that rely on arrangements made informally with friends and relatives are also disproportionately likely to indicate that they wish they could change their arrangements.

Factors Affecting Patterns of Use

Low-income parents, like all parents, undoubtedly choose the child care that they most prefer *given their current circumstances and limitations*. It is reasonable, however, to ask whether these choices are best for the children and whether giving these families more resources for child care might help them chose a more preferred alternative that better meets their needs. The workshop participants inquired specifically about the degree to which the child care choices of low-income families are constrained.

Several lines of research presented at the workshop have attempted to discern whether there are constraints on families' use of child care, and whether these constraints disproportionately affect working low-income families. The evidence suggests that the answer is "yes" to both questions, with work schedules and cost of services figuring prominently among the constraints on working low-income families' ability to obtain the child care that best meets their needs and that they perceive as safe and beneficial for their children.

"ALL FAMILIES ARE CHALLENGED BY MANEUVERING IN THE CHILD CARE MARKET, BUT ESPECIALLY LOW-INCOME FAMILIES. THE AFDC POPULATION HAS TO MANEUVER BOTH THE CHILD CARE AND THE LABOR MARKET."
Bobbie Weber (comments at the workshop)

Structure of Low-Wage Work. The structure of low-wage work and its lack of fit with the structure of more formal child care options restricts the access of low-income families to child care centers and many family day care homes. Data from the National Child Care Survey indicate that one-third of working-poor mothers (incomes below poverty) and more than one-fourth of working-class mothers (incomes above poverty but below

$25,000) worked weekends (Hofferth, 1995). Yet only 10 percent of centers and 6 percent of family day care homes reported providing care on weekends. Almost half of working-poor parents worked on a rotating or changing schedule, further restricting these families' child care options to more flexible arrangements made with relatives, friends, and neighbors. These features of low-wage work also appear to promote reliance on multiple providers as a way of patching together child care to cover parents' nonstandard and shifting work hours (Siegel and Loman, 1991). Meyers added that irregular and unpredictable work schedules led to disruptions in child care for the families in her study of the California GAIN program (Meyers, 1995).

Cost of Child Care. The cost of child care also constrains parents' choice of child care arrangements. In 1993, the average weekly expenditure on child care among those who paid something for that care was $54 for families with a monthly income less than $1,500 and $61 for those with monthly incomes from $1,500 to $2,999 (Bureau of the Census, 1995). These numbers camouflage the wide disparities in the *proportion* of family income that these groups spend on child care. The $54 paid weekly by very low-income families constitutes 24 percent of their household income, compared with the 6 percent of income that is spent per week on child care by families with monthly incomes of $4,500 or more.

These numbers are remarkably similar to those found in the National Institute of Child Health and Human Development (NICHD) Study of Early Child Care reflecting expenditures on care for 6-month-old infants (National Institute of Child Health and Human Development, 1995). Families earning under $1,250 per month paid, on average, $261 per month for child care, or 33 percent of their family income. Families earning over $3,750 per month paid $417 per month for care, or 6 percent of their income.

Because costs of care vary systematically by type of care, as does the likelihood that a provider will offer care free of charge, the range of financially viable options varies systematically with a family's disposable income. Across all families, in 1993, for example, approximately 90 percent of those using center-based and family day care arrangements paid for care; 17 percent of those using relative care paid for care (Bureau of the Census, 1995).

When AFDC recipients in Illinois were asked about practical constraints on their child care choices (Siegel and Loman, 1991), the cost of

care was the most frequently cited barrier and led many to rely on care by relatives. Over 80 percent of those who worked or were in school reported problems with the cost of care. Despite the strong preference for center care in this sample, few could afford the full cost of this form of care ($83 per week, or 78 percent of the average cash income of the families in the study).

Data from the National Child Care Survey confirm this local portrait: families in poverty with a child in a center-based program are highly likely to be receiving financial assistance (Hofferth, 1995). The survey data show that 9 out of 10 nonworking-poor families and almost half (42 percent) of working-poor families with a child in a center-based program reported receiving financial assistance.

For parents with limited resources, one option is to rely on free child care. Among employed mothers with a preschool-age child, 42 percent of those with an annual family income under $15,000 paid for child care, compared with 70 percent of those with an annual income of $50,000 or higher. However, among low-income families, those headed by a single employed mother were the *most* likely to pay for care (57 percent).

Availability of Care. The availability of various child care arrangements is often cited as a third constraint on parents' ability to choose the child care they most want. The evidence on this issue is complicated. Analyses of parental report data from the National Child Care Survey indicate that differences in the availability of care options cannot explain income-linked patterns of reliance on different types of care. However, the limited number of programs that offer sliding-scale fees or accept subsidized children was found to restrict access for low-income children (Hofferth, 1995). This issue is elaborated in Chapter 5.

Relatives and friends who can provide child care may also be less readily accessible to families who need child care than many assume. Siegel and Loman reported that 67 percent of the families in their AFDC sample had no friend or relative, inside or outside their immediate household, who could provide child care; only 25 percent lived in households in which there were other adults present.

Transportation issues and city codes that prevent the establishment of child care centers in public housing projects were also cited by those who study AFDC populations as limiting the child care options that are accessible to low-income parents. Finally, irrespective of income, the low supply of center-based care for infants, toddlers, and school-age children, as

well as the severely restricted share of arrangements that care for children with disabilities or special health care needs, was noted repeatedly during the two workshops.

"PARENTS, AS A GROUP, ARE THE BEST TRUSTEES OF THEIR CHILDREN; THEY MUST HAVE REAL CHOICES."

Jim Nicholie (comments at the workshop)

In sum, when selecting child care, many working-poor and low-income families must chose from a seriously constrained set of options. They face a set of obstacles that derive primarily from the structure of low-wage jobs and from the meager incomes that these jobs provide. Their low incomes enable them to afford only free care by relatives and friends or very inexpensive care; their nonstandard and often rotating work hours restrict them to arrangements with flexible and weekend or evening hours of operation. These factors may also lead to greater reliance on multiple providers and expose young children to shifting child care arrangements.

When the portrait of dissatisfaction with child care among low-income parents is combined with this evidence of the difficulties that low-income families face as they attempt to combine work and child care, the compromises that many of these families must make become clear. Although low-income families' disproportionate reliance on relatives, for example, may reflect their most preferred choices given limited income and other factors, it may also reflect the only available option given financial, scheduling, and other constraints that are pervasive in these families' lives.

Taken as a whole, the data presented at the workshops suggest that, when informal arrangements are available, work well, and are dependable, they can offer working low-income families reassurance about their child's safety and the trustworthiness of the provider, as well as the low fees and flexibility that their jobs demand. When these arrangements prove difficult or unreliable, and as children grow past infancy, many of these parents shift (or want to shift) to formal arrangements—notably child care centers and preschools—that are often beyond their reach due to a variety of constraints. A shift from the irregular and part-time schedules of job training or school to the demands of full-time work can pose added burdens to the somewhat fragile, often part-time arrangements that are made with rela-

tives and friends. Other low-income parents whose first choice would be to place their children in a child care center or more formal family day care home cannot avail themselves of these options due to their higher costs and standard hours of operation.

The question this raises for public policy is whether these inequities in access to various child care options should continue given the probable costs associated with addressing them, or whether something should be done to provide working-poor and low-income families with the same range of child care options that families with higher incomes have and that may afford them access to the arrangements they feel are best for their children. At a minimum, it is important to determine whether the current structure of public child care subsidies reduces or aggravates the constraints that presently impinge on the child care choices of low-income families. These issues are examined in Chapter 5.

3

Child Care and Children's Development: Safety, Quality, and Continuity

THE ISSUE IN BRIEF

The Bureau of the Census (1995) introduced its most recent report on child care by stating that the preschool years are a time when children are most dependent on care providers' nurturance and supervisory skills. Numerous studies of child care quality have documented that the skills of the providers and the quality of the settings that are available to families in the United States are highly uneven. The quality of a sizable minority of arrangements is considered by many to be mediocre, at best, and is judged by some to be likely to compromise children's safety and development. Because good-quality and poor-quality care can be found in every type of arrangement, type of care should not be considered a proxy for quality of care. Variation in the quality of typical child care appears to affect numerous aspects of children's development assessed in the short term with available measures. The cumulative and long-term developmental and societal impacts of these effects remain to be evaluated.

Most of the research on child care quality and its effects on children has focused on families that are not poor. Research on preschoolers in low-income families has tended to examine the effects of early interventions, such as Head Start, rather than of more typical full-day community- and home-based child care.

The new wave of research presented at the workshops has attempted

to bridge child care and early intervention studies and, in many cases, to include families that span a broad income range. This more recent research has found that child care for low-income families encompasses a spectrum of quality comparable to that available to higher-income families, at least within center-based options. The literature has also begun to explore issues of equity of access across income groups to safe arrangements that offer learning opportunities and other experiences beneficial to children.

These studies also include informal care arrangements, previously neglected by researchers, among the types of care considered. They have captured a much wider age range than was previously the case, moving beyond studies of preschoolers to examine infant and toddler care, before-school and after-school care, and—significantly—to include a major, longitudinal study of child care that recruits families ranging from poor to wealthy at the time of their children's birth and follows them through the children's entry into school (the National Institute of Child Health and Human Development's Study of Early Child Care). Finally, the new research on quality typically involves multisite designs and much larger samples of children than was the case previously. Table 2 summarizes the basic features of the major, multisite studies of child care quality presented at the workshops.

This literature was examined at the workshops with three major issues in mind: (1) What is known about the quality of care that is available to low-income families across types of care, and how does it compare with the range of options available to higher-income families? (2) How is the development of low-income children affected by the range of quality to which they have access? (3) Given that low-income parents value aspects of quality when they search for child care, are they aware of and do they value what research indicates to be important dimensions of quality?

SUMMARY OF RESEARCH PRESENTED

Current Status of Quality

As with all families, low-income families face a range of child care options that vary from the unsafe and unstable to those that offer not only safe but also developmentally beneficial care and learning opportunities. A small, but significant, share of arrangements are consistently rated as poor-quality care. By the same token, most studies find very few settings at the high end of quality. Much of the data on quality of care presented at

TABLE 2 Characteristics of Multisite Child Care Studies

Study	Methods/ Sample Size	Design/ Periodicity	Scope/ Sites	Units of Analysis
National Child Care Survey (1990)	Telephone survey; 4,400 households with child < 13 years; 250 child care providers used by these households; 162 parents who are also home-based child care providers	Cross-sectional; household surveys conducted October 1989-May 1990; provider surveys conducted April -June 1990	Nationally representative sample	Households
Low-Income Substudy of the National Child Care Survey (1993)	Telephone survey; 430 households with incomes < $15,000 with child < 13 years (analyzed jointly with 672 households from NCCS, 1990)	Cross-sectional; 1989-1990	Nationally representative sample	Households
The Study of Children in Family Child Care and Relative Care (1994)	Telephone survey of 820 mothers with child 10-72 months using family child care or relative care; observations of 226 providers; assessments of 225 children	Cross-sectional; October 1991 - November 1992	Three sites: San Fernando/ Los Angeles, CA; Dallas/Fort Worth, TX; Charlotte, NC	Home-based care providers; mothers; children in care
Life in Preschool (1993)	Observations of 119 classrooms in randomly selected Head Start, school-sponsored early childhood programs and community-based child care centers serving at least 12 disadvantaged 4-year-olds	Spring/summer 1991	Five sites: San Francisco and Richmond counties, CA; Bexar County, TX; Dade and Broward counties, FL; Union, Hudson, and Essex counties, NJ; Oakland, Wayne, and Washtenaw counties, MI	Classrooms

NICHD Study of Early Child Care (1995): first-year data	Telephone and in-home interviews/ questionnaires with 1,364 mothers; observations of 576 6-month-old infants and their child care providers (all types of care)	Prospective, longitudinal design; data collection tat arget child's 6-, 15-, 24-, 36-, 42-month, and 7-year birthdays with continuous maternal telephone interviews at 3-month intervals	10 sites and 24 hospitals including urban and rural areas; states in all major regions of the U.S.	Families; infants; child care settings (relatives, family day care, and center-based); and providers
Cost, Quality, and Child Outcomes in Child Care Centers (1995)	Observations of 228 infant/toddler and 521 preschool classrooms in 400 full-day child care centers; telephone interviews with 826 parents and on-site assessments of 826 preschoolers in the centers	Classroom data collected winter/spring 1993; child assessments conducted fall 1994	Four states: CA, CO, CT, NC	Centers; classrooms; children

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the workshop encompasses families across all income ranges. This information is summarized first, followed by the evidence that was presented on quality for low-income families.

The newly released four-state study of Cost, Quality, and Child Outcomes in Child Care Centers (Cost, Quality, and Child Outcomes Study Team, 1995; hereafter referred to as the Cost and Quality Study) found that 12 percent of the over 200 classrooms that were observed offered less-than-minimal to inadequate levels of supervision, health and safety practices, nurturance, and learning materials and opportunities (ratings of less than 3 on a 7-point scale ranging from "inadequate" to "excellent"). The younger the children served, the poorer the quality of care: 40 percent of infant and toddler rooms provided less than minimal levels of care. These classrooms are characterized by safety problems, poor sanitation practices, unresponsive (though rarely harsh or explicitly punitive) caregivers, and a dearth of toys and other child-related materials.

Margaret Burchinal's North Carolina study of infants from low-income and middle-income African American families in 23 center-based classrooms revealed that 14 of the 23 classrooms studied (over 60 percent) offered less-than-minimal levels of care (Burchinal et al., 1995).

The Study of Children in Family Child Care and Relative Care (Galinsky et al., 1994; hereafter referred to as the Family and Relative Care Study) observed 226 home-based child care providers across three states. The percentages of less-than-minimal care were 13 percent for regulated home-based providers, 50 percent for unregulated home-based providers, and 69 percent for relative care. All of the providers cared for children under age 6.

Data presented at the workshop from the NICHD Study of Early Child Care included the full spectrum of child care arrangements for 6-month-olds, ranging from care provided by children's fathers while their mothers work to care in licensed centers. Quality of care was assessed using multiple methods ranging from detailed observations of the adult interactions received by a specific 6-month-old child to setting-level quality ratings and provider interviews. (Given the range of arrangements assessed, the quality rating scale used in each of the studies described above was not appropriate for use in this study, making it difficult to compare findings across studies.) Across all settings, 19 percent of the infants received care from providers who were rated as moderately to highly detached and 26 percent received care from providers who were rated as moderately to

highly insensitive. These findings reflect observations of 576 infants across 10 research sites, 15 percent of whom were in father care, 17 percent in care by other relatives, 15 percent in in-home care by nonrelatives, 35 percent in family day care homes, and 18 percent in centers.

It is tempting, though premature, to attempt to integrate the findings from these recent studies of child care quality. The different studies included differing proportions of low-income children; for example, the Family and Relative Care Study disproportionately sampled arrangements serving low-income families, whereas the NICHD Study of Early Child Care did not. They also employed different data collection strategies and, in some important instances, different measures of quality.

What is evident across studies is that some young children are receiving quite poor-quality care based on observations by trained researchers of their care settings and of the behaviors of their providers. The percentages of settings about which concerns have been raised are seldom below 15 percent, suggesting that one in seven children receives poor quality care in available, typical child care arrangements. Further, the workshop participants cautioned that these data may actually *underestimate* the proportion of care settings that are of poor quality. In every study, a sizable number of providers refused to participate (in the Cost, Quality, and Child Outcomes study, for example, between 59 and 32 percent of the centers in the participating research sites refused to participate). Although there are many reasons why child care providers may not want to participate in research, one plausible reason is a concern about the quality of care being provided. Finally, the participants raised the critical question of whether the vast majority of care that falls above the "inadequate" level, but fails to reach the same levels of quality seen in enriched early intervention programs, is "good enough" for low-income children who are experiencing the stresses and disadvantages associated with living in poverty.

These data focused the workshop participants' attention on the fundamental importance of protecting children from arrangements that are found to be unsafe, unsanitary, and/or entirely unstimulating. Participants also found it valuable to draw a distinction between initiatives aimed at minimizing poor-quality care, such as regulatory reform, and those aimed primarily at moving more mediocre or average arrangements toward the upper end of the quality spectrum, such as provider-training initiatives and accreditation programs.

Equity of Access to Quality Care by Low-Income Families

Having documented wide variation in the quality of available child care, what did the workshops reveal about differential patterns of enrollment in poor-quality and good-quality arrangements by family income? On one hand, a set of constraints appears to limit the options from which low-income working families, particularly those without the day-to-day support of another adult who can share child care responsibilities, can choose (see Chapter 2). On the other hand, perhaps all families face constraints and, although higher-income families spend more on child care, little is known about whether they are purchasing higher-quality care with their additional dollars.

The evidence presented at the workshop suggests that the small share of low-income families who rely on center-based care face a range of quality similar to that of higher-income families. Conversely, low-income families who rely on home-based and informal arrangements may be receiving relatively poorer-quality care. With respect to center-based care, the NICHD Study of Early Child Care, the Cost and Quality Study of center-based care, and the Profile of Child Care Settings study—a nationally representative survey of child care centers and regulated family day care homes (Kisker et al., 1991)—found that the distribution of children across centers of differing quality did not vary by family income. The resource and referral agency staff interviewed by Sharon Long also reported that quality of care for children in subsidized arrangements was as high as that for children in privately funded arrangements. To the extent that other studies have found associations between center quality and family income, it appears that working-class and lower-middle-income families—*not* families in poverty—are relying on poorer-quality child care centers (Hofferth, 1995; Phillips et al., 1994).

The workshop participants speculated that low-income children may actually get the best and worst of center-based care, depending on their access to highly subsidized intervention and other center-based programs. For example, the U.S. Department of Education's Life in Preschool study (Layzer et al., 1993), presented by Barbara Goodson, found that Head Start and public-school-sponsored prekindergarten programs provided higher-quality care than a sample of community-based child care centers that served comparably low-income preschoolers. Head Start and school-based programs that serve low-income children, as distinct from typical child care centers, are also more likely to provide health services and developmental testing (Hofferth and Kisker, 1994).

This pattern of findings could produce an "average" level of quality for low-income children in centers that matches that of higher-income families while camouflaging inequities *within* the low-income population. While little systematic information is available regarding who, within the low-income population, gains access to the higher-quality intervention programs, it is known that they tend to operate part-day and even part-year. This makes it very difficult for full-time working low-income parents to avail themselves of these programs (see Hofferth, 1995, for a fuller discussion of these issues).

With respect to other forms of care, however—notably home-based and relative care—both the NICHD study and the Study of Relative and Family Care found that numerous markers of economic and social disadvantage, including measures of family income, predicted enrollment in lower-quality arrangements. The NICHD study found, for example, that families with higher levels of *nonmaternal* income were able to avail themselves of higher-quality care. It appears that sources of income beyond that provided by the mother, including subsidies, are necessary for low-income families to purchase higher-quality care. To place these findings in context, it is important to reemphasize that low-income children are disproportionately cared for in arrangements other than child care centers. As discussed earlier, however, there is growing interest in—and reliance on—center-based care in this population.

"IT IS NOT JUST A MATTER OF TURNOVER; IT IS A MATTER OF HOW MUCH GRIEF A CHILD CAN DEAL WITH."

Jim Nicholie (comments at the workshop)

The emerging literature on typical child care for low-income children has raised an additional issue, namely continuity of care, that many workshop participants believe should be part of the discussion of child care quality. The attention of the workshop participants was riveted on this issue by data from the NICHD study showing that, across all income groups, 35 percent of infants had experienced at least three different arrangements—either sequentially or layered on top of each other—by age 12 months. The National Child Care Survey examined simultaneous reliance on multiple nonparental providers and found that about 24 percent of low-income children under age 5—and 45 percent of low-income

preschoolers in families headed by an employed single mother—were in more than one arrangement on a regular basis.

This instability derives from multiple sources: the rapidly shifting employment circumstances of low-income families, unstable child care arrangements, and, in general, the volatile lives of poor and low-income families who are struggling to attain and sustain paid employment. For example, Meyers reported that nearly one-third of children whose mothers enrolled in the GAIN employment and training program were in and out of two or more different child care arrangements over the course of a year, the majority of transitions caused by changes in parents' schedules. Siegel and Loman's Illinois data indicated that more than one in five children were placed with two or more providers during a given week, largely as a result of parents' difficulties matching work and school schedules with the schedules of child care providers.

Effects of Child Care on Children

Substantial evidence has demonstrated that variation in child care quality—within the range available in typical community- and home-based programs—affects a wide range of children's developmental outcomes, including cognitive, social, and health outcomes. In most cases, however, the short-term effects—while significant in a statistical sense—are modest, particularly when the influence of children's home environments on development is also taken into account. Virtually no research has examined the cumulative, long-term effects on children of attending child care arrangements of varying quality as preschoolers or the societal impacts of exposing a substantial share of young children to child care settings that fail to foster their optimal development. Only a handful of very recent studies have observed children in the vast, informal child care market consisting of care by relatives, friends, and neighbors. And this research has not incorporated the high-quality early childhood settings that have been studied in the context of evaluations of early intervention programs. As a result, it is less likely to capture the positive developmental effects that children living in poverty appear to derive from high-quality, comprehensive programs. At the workshop, the focus of interest was on the effects on low-income children of variation in quality of child care.

Results from the Cost and Quality Study provided some preliminary evidence that poor-quality care may have a stronger impact on lower-income children than on their more advantaged peers, particularly with respect to prereading development (Peisner-Feinberg, 1995). The smaller

North Carolina study presented by Burchinal did not, however, find that poverty status of the children moderated the effects of quality on children's development.

Deborah Vandell reported findings regarding after-school care for low-income third graders in Milwaukee (Posner and Vandell, 1994). Although family incomes were lower for children who attended formal after-school programs than for children in either informal adult supervision or self-care, the children in more formal programs had better grades in reading, math, and conduct and were rated by their teachers as having better work habits and peer relations than children who were informally supervised after school. It is notable that children who attended formal after-school programs spent more time engaged in academic activities and enrichment lessons and less time watching television than children in other forms of after-school care.

In sum, the relatively new literature that examines the effects of variation in the quality of typical child care on low-income children's development is beginning to suggest that quality, structure, and appropriate adult supervision may matter more for low-income children than for their higher-income peers. This is an especially promising area for further research given its significant implications for choices that must invariably be made between using subsidies to expand low-income families' access to the existing supply of care or to upgrade the quality of the care that their children receive. What, for example, are the long-term consequences of modest impacts of poor-quality care on children's social, language, and cognitive development? In addition, very few studies include direct measures of the quality of care provided by mothers at home as part of the same design (the NICHD Study of Early Child Care is a notable exception). What is known about how children's home and child care environments interact to affect development, particularly at the extremes of quality? And what are the effects of variation in the quality and continuity of care on the quality and consistency of childrearing that parents are able to provide? The workshop participants emphasized that efforts to understand the distribution of low-income families across differing types and qualities of child care warrant careful attention, particularly insofar as they are linked to the employment status of low-income parents.

Consumers and Child Care Quality

Parents from all income groups indicate that their primary consideration when selecting child care is to find a quality environment for their

children. Some of the ingredients of quality that they consider closely match the factors that research has identified as important, namely, the provider's warmth and children's access to educational opportunities. They do not, however, generally consider the education and training of the provider, nor the regulatory status of the arrangement, as pertinent to quality of care—both factors that research has revealed to be important.

Research presented at the workshop, however, confirmed what prior research has already revealed regarding the contributions that provider training and the aspects of care that are typically regulated (i.e., ratios and group size) make to the nurturance and educational opportunities that children receive in child care. The NICHD Study of Early Child Care, for example, found that the best predictors of higher-quality, home-based child care were group size, ratios, and the specialized training and childrearing attitudes of the provider. These factors predicted the more positive caregiving that parents seek.

Other pertinent evidence from a longitudinal study designed to examine the effects of an improvement in Florida's child care regulations on children's development[1] was reported by Carollee Howes. Children enrolled in child care centers after the improvements had been made, compared with those in the same centers prior to the changes, showed significantly more advanced cognitive, language, and social development. They were also observed to be more securely attached to their teachers and were rated as having fewer behavior problems.

The share of subsidized children served in the centers did not change during this period. What changed dramatically was the share of classroom teachers who had received specialized training, as required by the new regulations, as well as the percentage of classrooms that were observed to offer good-quality care (from 25 to 36 percent for infants and toddlers and from 27 to 44 percent for preschoolers). The teachers' sensitivity and responsiveness were observed to increase and negative management styles were observed to decline from pre- to postregulatory improvement.

The workshop participants discussed the implications of the apparent gap between parents' perceptions and the empirical evidence regarding

[1]Florida legislation, effective in 1992, changed teacher-to-child ratios for infants from 1:6 to 1:4 and for toddlers from 1:8 to 1:6. State legislation effective in 1995 requires that every child care facility have at least one staff person for every 20 children with a Child Development Associate (CDA) credential, a comparable CDA equivalency, an experience exemption, or a formal education requirement equal to or greater than the CDA credential or CDA equivalency.

the important inputs for a quality child care environment. It is important to determine whether consumers are even knowledgeable about the research evidence on these issues. In this context, two major concerns were raised. First, absent consumer pressure to ensure that more child care providers offer children the inputs that research shows to be important, there is little incentive for providers to offer such inputs or for policy makers to expand access to these features of care. Second, there is a tension between an interest that some have in educating consumers about the value of regulated dimensions of care and of provider training, and a concern that, absent access to arrangements that correspond to research-based perceptions of good care, consumer education may foster anxiety. Others noted, however, that educated and perhaps anxious consumers are most likely to call for changes in the child care market.

4

Child Care and Economic Self-Sufficiency

THE ISSUE IN BRIEF

Considerations of child care figure prominently in federal and state debates about welfare reform. It is well understood that any effort to encourage or mandate work effort on behalf of the population receiving Aid to Families with Dependent Children (AFDC) will have the effect of placing more children in child care and expanding the time that children spend in child care. Absent exemptions for mothers with very young children, many of these children are likely to be infants and toddlers.

This, in turn, raises questions regarding the child care environments that these children will be exposed to when they are not in the care of their parents. Some view this as an opportunity to support child care environments that will not only enable parents to work, but will benefit children, help prepare them for school, and perhaps reduce the odds of welfare dependence in the next generation. Others, faced with the pressures to control public costs that typically accompany welfare reform initiatives, tend to think in terms of the minimum amount that can be done so that child care problems do not interfere with the primary, adult-oriented aims of reform initiatives.

Beyond the welfare context, much of the evidence discussed at the workshop indicated that employed, single mothers who are poor or near poverty face particular hardships in their efforts to combine work and

childrearing. These are the families that seem to have the most difficulty coordinating work and child care schedules, who express concerns about their children's care arrangements, and who report problems affording child care. The working poor are also the least likely of *all* income groups to receive assistance with their child care costs.

Research presented at the workshop examined the issues surrounding the role of child care in supporting the transition from welfare to work by AFDC families, as well as its role in the lives of the working poor. Apart from the effects of child care on children, the participants looked into what is known about the effects of child care on adults and on their capacity to prepare for and maintain jobs.

SUMMARY OF RESEARCH PRESENTED

Affordability of Care and Work Effort

Numerous studies have examined the effects of the price of child care on whether and how much mothers work. In general, these studies have found a negative relationship between the price of care and the labor force participation of mothers, although the effects tend to be small in magnitude. Not addressed in this literature, however, are the effects of the affordability of child care for *low-income* households on the labor force participation of women with young children.

New research discussed at the workshop indicates that affordable child care is a decisive factor in promoting work effort among low-income mothers. The General Accounting Office released a study in December 1994, presented by Alicia Cackley, that used economic modeling to estimate the effects of reducing families' child care costs (via subsidies) on mother's labor force participation (U.S. General Accounting Office, 1994a). The results showed that providing a full subsidy to mothers who pay for child care could increase the proportion of poor mothers who work from 29 to 44 percent, and that of near-poor mothers who work from 43 to 57 percent. The effects on nonpoor mothers were significantly smaller.

Using somewhat different methods, Fronstin and Wissoker (1994) also found that the higher the price of child care, the lower the employment rate in a low-income sample. Again, the effects on employment in a high-income sample were significantly smaller. These investigators caution that previous research that does not consider differences by family income on the effects of child care prices on employment are likely to understate the extent to which the affordability of care affects employment for low-in-

come mothers. In future research, it will be important to determine whether the effect of price on labor supply differs by income because of the income differences or because of other unobserved factors associated with income that have profound effects on employability, such as job experience, job skills, and motivation.

"AMONG THE FACTORS THAT ENCOURAGE LOW-INCOME MOTHERS TO SEEK AND KEEP JOBS... AFFORDABLE CHILD CARE IS A DECISIVE ONE."
U.S. *General Accounting Office*, 1994, *pg.* 2

As noted by the research teams, both of these studies indicate the employment-related benefits of subsidizing the child care costs of poor and near-poor mothers. They further indicate that, if the primary criterion for allocating child care subsidies was one of promoting work effort, lower-income rather than higher-income families would be the group on which to focus. Data presented in Chapter 5 indicate that this is not currently the case.

Child Care and Welfare-to-Work Program Clients

Child care is predominantly viewed as a setting for children and, as such, most efforts to discern the effects of child care have focused on its effects on children. New research presented at the workshop suggests that the provision of safe and dependable child care is important not only for children, but also for their mothers' efforts to prepare for and sustain employment.

The fact that welfare-to-work programs increase demand for child care and may increase the use of formal arrangements under some conditions is quite well documented. At the workshop, Meyers summarized this literature by noting that these programs may be more successful at solving problems of access to care than problems of child care adequacy (Meyers, 1993). Available studies provide very limited information about the adequacy of the care that welfare clients use, rarely going beyond documenting the sizable minority of the mothers involved in these programs who express concerns about the quality of their care arrangements. The impact of these concerns on their economic progress and of the trade-offs that these moth-

ers must make between availability, affordability, and quality is only now beginning to be examined.

That is precisely the issue that Meyers has examined in her research. Her findings indicate that the adequacy of care that parents obtain while they are in welfare-to-work programs, and during their transition from welfare to work, is of substantial relevance to the success of these initiatives. Meyers followed a sample of 356 single mothers with children under age 13 from the time they entered California's welfare reform program (the GAIN program) until 9 months later, at which time 255 of the mothers were still participating in the program. She examined the role of child care in predicting which mothers would complete or drop out of the program during this first year of participation. One of the important features of her study is that she interviewed the mothers about their child care arrangements after 3 months, when only 6 had dropped out of the program, so her findings cannot reflect mothers' retrospective efforts to blame child care problems for their decisions to drop out.

Meyers found that the odds of dropping out of GAIN during the first year of participation were doubled for mothers who expressed dissatisfaction with their child care provider or facility, who were using arrangements that did not meet established guidelines regarding child-staff ratios (e.g., 4:1 for infants), or who did not trust the provider or the safety of their child care arrangement. Other factors that significantly increased the odds of attrition, but to a lesser extent, were the distance between the child care locale and the GAIN activities, mothers' reports that they were relying on unreliable care and providers who could not accommodate sick children, and their reports of transitions out of care due to changes in work schedules. Interestingly, counter to other data based on parent interviews, type of care did *not* make a significant contribution to women's success in the program. There was no evidence that those who relied on relatives and friends rather than organized arrangements had a different likelihood of dropping out (Meyers, 1995).

Related issues were also highlighted by the representatives of state and local agencies who attended the workshops. The salience of mothers' concerns about safety and trust as essential ingredients of quality care surfaced repeatedly in the workshop discussions. Disruptions in care caused by breakdowns in efforts to match work and child care schedules were frequently cited as interfering with mother's efforts to enter the labor force successfully. Transportation barriers were also mentioned by several of those who work closely with AFDC caseloads.

What is notable about Meyers's research is that it moved beyond descriptive data on these problems to examining their practical implications for efforts at self-sufficiency. It is, however, a single study that is richly deserving of replication.

Child Care and the Working Poor

About two-thirds of working-poor families are headed by dual-earner or single working parents (Hofferth, 1995). For the two-parent families, it may be possible to keep child care entirely within the family if the parents are able and willing to coordinate their work schedules. For many, however, that is not possible. In 1990, only 22 percent of dual-employed parents—regardless of income—were able to cover their child care needs without relying on another provider (Brayfield et al., 1993).

The vast majority of working-poor parents (62 percent of mothers, 64 percent of fathers) earned under $5 per hour at their main job in 1989 (Hofferth, 1995). Their need for low-cost child care, particularly given the large number of hours for which they typically need care, is self-evident. As revealed by the economic analyses summarized above, absent low-cost options or assistance with child care fees, these families' needs for child care can become a barrier to work.

"THE WORKING POOR GET FROZEN OUT."
Kathleen Haight (comments at workshop)

The current allocation of public child care subsidies across income groups would appear to exacerbate this situation. Analyses from the National Child Care Survey (Hofferth, 1995) indicate that the working poor are the least likely of all income groups to receive assistance with their child care costs. Whereas 37 percent of both nonworking-poor families and middle-income families receive direct or tax assistance with their child care costs, only 30 percent of the working poor receive such assistance.

The pressures that face working-poor families were also highlighted by virtually every state agency representative attending the workshops. Among the problems they identified with the current array of child care subsidy programs, issues of quality and access to care by the working poor were especially prominent. Karen Tvedt from Washington state, for example, indicated that, as programs have grown for the AFDC population,

her state's ability to serve the working poor has been flat. Kathleen Haight from Fort Walton Beach, Florida, told the workshop participants that, despite a "massive expansion" of dollars for child care, her agency is now serving fewer working-poor families than in 1987. Others also characterized the working poor as "squeezed" and "frozen out."

In sum, child care plays a pivotal role in keeping parents employed, as well as in helping those formerly on public assistance move into the paid labor force. Access to free or low-cost care or, absent this, to financial assistance with child care fees appears to be a critical element of successful efforts to promote economic self-sufficiency among families with young children. A major tension involves the distribution of available subsidies for low-income families across the poor and working-poor segments of this population. But cost of care is not the only issue that warrants careful consideration in efforts to promote self-sufficiency. It appears that attention to issues of safety and reliability, as well as efforts to help parents make arrangements that correspond to their preferences, are important as well.

5

The Structure and Consequences of Child Care Subsidies

THE ISSUE IN BRIEF

The reduction of poverty has provided the most long-standing rationale for child care policies in the United States. Nevertheless, federal child care subsidies are channeled disproportionately to the nonpoor. Over $2.5 billion in federal child care support was channeled to the nonpoor through the Child and Dependent Care Tax Credit in 1993. This credit is not refundable and therefore does not benefit the very poor. In contrast, an estimated $1.7 billion was spent in 1993 through the four largest federal child care programs that predominately serve the lowest-income families: child care for AFDC recipients, Transitional Child Care, At-Risk Child Care, and the Child Care and Development Block Grant (U.S. Department of Health and Human Services, 1995).

The current array of federal child care policies represents an accumulation of responses to the specific needs of targeted populations. Although every poor and low-income family is technically eligible for some subsidy, and the Child Care and Development Block Grant could provide subsidies across the spectrum from families on AFDC to those who live just above the poverty line and are therefore at risk of becoming poor, in practice different funding streams have been targeted on different subgroups within the low-income population. For example, among the four low-

income programs, one provides subsidies to the AFDC population, another provides temporary support to working AFDC recipients who lose AFDC eligibility due to increased hours or earnings from employment, and another supports the child care costs of low-income working families to prevent AFDC dependence.

Even if the fragmentation of federal child care subsidies was addressed, as has been done in many states that have established integrated child care subsidy programs, the sheer amount of public resources dedicated to providing child care assistance to low-income families would remain a major problem. Although federal subsidies for child care have expanded greatly in recent years, they remain inadequate to serving the large number of families who are nominally eligible for support.

Only the Child Care and Development Block Grant provides support for quality initiatives and for efforts to increase the availability of early childhood development and before- and after-school care services for low-income families through a small set-aside of funds for these purposes. However, the vast majority of these funds (78 percent) goes to help low-income families pay for child care (only 9 percent was used to improve the quality of care). In 1993, about 750,000 families received subsidies through this program, two-thirds of whom were living at or below the poverty line (U.S. Department of Health and Human Services, 1995). Over 90 percent of the children served by this program needed care because their parents were working, in school, or in job training. (Table 3 summarizes basic information about these subsidies.)

The consequences of this current structure of federal support for child care for low-income families were a lively topic of discussion at the workshops. In particular, the consequences of funding scarcity and of the fragmentation that characterizes federal child care subsidies for low-income families were examined regarding: (1) access to and affordability of child care and (2) the quality and continuity of care. Among the questions that were examined were: (1) What trade-offs do state agencies face when deciding how to allocate funds across nonworking and working-poor families, and between helping families pay for care and improving the quality of care? (2) What is known about how families rearrange their child care arrangements as they move from one funding stream to another? (3) How might the current child care system at the state level be affected if the federal government consolidates the direct child care funding programs and assigns greater responsibility for allocating these funds to the states?

TABLE 3 Federal Child Care Program Features

	Program			
	AFDC Child Care	Transitional Child Care	At-Risk Child Care	Child and Development Block Grant
Purpose	To assist AFDC families with child care to the extent that it is necessary for employment or state-approved education and training	To provide up to 12 months of child care to working AFDC recipients upon loss of eligibility for AFDC due to an increase in hours of or earnings from employment	To provide child care to non-AFDC working families who would be at risk of AFDC dependence if child care were not provided	To increase availability and affordability of child care for low-income families as well as to help states provide, expand, and improve the quality of child care for all families
Target population	AFDC recipients who accept or retain employment or are in state-approved education or training activity	Families that received AFDC in 3 of last 6 months and are no longer eligible forAFDC due to increasedhours of or earnings from employment	An optional state program for low-income families at risk of AFDC dependence and needing child care to continue working	Families at or below 75% of state median income, to enable them to work or participate in approved education and training, or to provide child care for protective service cases[a]
Funding	Open-ended federal entitlement to recipients; requires state matching funds	Open-ended federal entitlemet to families; requires state matching funds	Capped entitlement to states; requires state matching funds	Block grant to states; no match required
Fiscal 1992	$621,727, 109[b]	$133,594,923[b]	$599,050,901[b]	$798,249,375[c]

[a]Children in state custody due to abuse or neglect.
[b]Combined federal and state expenditures.
[c]The "lead agency" is designated by the governor and responsibility can be assigned to a non-IV-A Agency.

Source: U.S. General Accounting Office, 1994b.

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SUMMARY OF RESEARCH PRESENTED

Access and Affordability of Child Care

Public subsidies for child care are fundamentally designed to increase access to and affordability of child care for families who would otherwise be unable to avail themselves of this service. That these aims are being served by the current array of subsidies went largely unquestioned at the workshops. National data indicate that direct federal subsidies are being channeled to those most in need of support, namely single-parent families and poor families (U.S. Department of Health and Human Services, 1995; Hofferth, 1995). As of 1990, employed mothers on AFDC with a child under age 5 were most likely, among low-income families, to report receiving financial assistance with child care (67 percent); the vast majority of that aid comes from the government (Brayfield et al., 1993). The degree to which low-income parents cite child care costs as a major problem varies with their access to subsidies (Siegel and Loman, 1991). And families who receive subsidies appear to be in a better position to select from a broader array of providers than equally poor, unsubsidized families.

Questions of the adequacy with which these aims are being served, however, and for whom, were actively discussed at the workshops. Public funds fall far short of meeting the needs of all eligible low-income and poor families. Furthermore, the fragmentation of federal subsidies for child care poses burdens on state agencies in their efforts to establish "seamless" child care subsidies for low-income families. Workshop participants identified a series of detrimental consequences that flow from this confusing mix of policies and from shortages of funds relative to the eligible population.

Foremost among the concerns noted by state and local child care administrators was the zero-sum decision making that necessarily characterizes the allocation of limited funds between the working and nonworking poor. Although federal child care subsidies have been greatly expanded in the past five years, overall levels of public assistance at the state level still leave a sizable proportion of the eligible population unserved. For example, Bruce Liggett from Arizona stated that he is serving 30 percent of the families eligible for Transitional Child Care assistance. A recent report from the U.S. Advisory Commission on Intergovernmental Relations notes that "utilization of the Transitional Care Program is apparently low in many states, probably due to limited awareness and confusion about eligibility requirements" (1994:39).

Trade-offs are particularly acute between serving AFDC families who are making efforts to obtain job skills or enroll in school and serving families with employed parents who are living in or near poverty. Current incentives appear to favor getting families off welfare, rather than providing assistance to the even larger number of very low-income families with working parents. States, for example, are mandated to provide job training accompanied by child care for those families who require this service, in conjunction with federal welfare reform legislation enacted in 1988. There are no comparable pressures to prevent welfare dependency and, hence, to serve working poor and very low-income families. In addition, tight state budgets create disincentives for states to provide the matching funds that are required to draw down federal child care dollars in several of the subsidy programs (see Table 3). Meyers summarized her work with the GAIN program in California by noting that inadequate federal funding and inconsistent financing mechanisms create incentives for states to ration assistance and underutilize funds that are available. This is particularly true for those subsidies that require a state match and/or are targeted on the working poor (e.g., Transitional Child Care and At-Risk Programs) (Meyers, in press).

Empirical data from parent interviews indicate that, in fact, large majorities of potential recipients are unaware of the targeted child care subsidies for which they might be eligible. Pressures to keep state costs down and the difficulty of adding outreach activities to already beleaguered state agencies were noted by the workshop participants as contributing to this problem. Among Meyers's random sample of AFDC recipients in California in 1994, for example, 61 percent were unaware of the AFDC Disregard—a benefit that allows AFDC recipients to deduct their child care expenses if they go to work; 85 percent were not familiar with Transitional Child Care subsidies.

"WITHOUT CHILD CARE ASSISTANCE, ONE QUARTER OF THE FAMILIES ON THE WAITING LIST HAVE TURNED TO AFDC FOR ECONOMIC SURVIVAL."

Greater Minneapolis Day Care Association, pg. 1

The agency administrators expressed grave concerns that they are penalizing precisely those families who have achieved the goals of welfare

reform, often at just the moment that they have "made it." Some, in turn, felt that this was contributing to *churning*—the term that was used to describe families' cycling back through AFDC in order to quality for subsidies. As noted by Rebecca Maynard, however, as AFDC becomes a time-limited program in many states, many families will no longer have the choice of moving between low-income jobs and AFDC.

Among families who learn about and apply for subsidies, many spend some time on waiting lists. Virtually each of the state administrators expressed concerns about what happens to families on waiting lists and also about the validity of the counts that derive from these lists. Stephanie Fanjul from the North Carolina Department of Human Resources shared her experience that, as subsidies became available, her waiting lists grew. This occurred, she speculated, because more families had hope of getting assistance. The administrators noted that they know quite a bit about the families and children they are serving, but nothing about those they are not serving. Most states attempt to regularly recontact families on the waiting lists and typically find that, after just a few months, many of the families could not be found. Karen Tvedt from Washington state reported that her surveys of families on waiting lists show that they have more difficulties with child care, are working fewer hours, and are three times more likely to be using illegal child care compared with similar families who are receiving subsidies.

Even families who are successful in receiving benefits can have a difficult time maneuvering through the current array of programs. Although, according to Christine Ross, many states and cities have achieved a high degree of coordination among the various child care programs, with a single place to apply for all child care assistance and relatively good linkages between AFDC and other child care subsidies, families in states that have not coordinated the subsidy programs face a confusing mix of eligibility rules, reimbursement rates, and even time-limited benefits (Ross and Kerachsky, 1995). Few states can afford the case managers and child care staff that can assist families as they make the transition from one source of subsidy to another.

Access to care also appears to be especially affected by the relationship between reimbursement rates and local child care prices, and also by delays in payments to providers. An Urban Institute survey of resource and referral staff in six communities (Long and Clark, 1995), presented by Sharon Long, found wide variation in child care prices within and across the six communities, as well as variation in local reimbursement rates. Some variation in reimbursement rates is a result of genuine differences in

the cost of care. In other cases, states establish reimbursement rates that are lower than the market costs in certain localities.

In some communities, Long and her colleagues found that the reimbursement rate was consistently lower than the providers' standard rates; in others, it was generally commensurate with the providers' rates. In each community, some providers were unwilling to accept children with subsidies, primarily because the reimbursement rate was lower than their prices and they were unable to absorb the difference. Siegel and Loman reported that delays in receiving payments were a major barrier to providers' willingness to accept subsidized children in their Illinois sample. They also found that difficulties finding nonrelatives willing to accept state rates, particularly from other AFDC recipients whose benefits would be reduced because of this income, restricted access to care.

The state and local child care administrators provided additional insights into the role of reimbursement rates in low-income families' access to care. Bruce Liggett from the Arizona Department of Economic Security, for example, noted that the cost of center-based infant care has increased 31 percent and the cost of school-age care has increased 21 percent over the past four years. The reimbursement rates have not been adjusted to reflect these increases, however, further exacerbating shortages of subsidized care for these two age groups. Karen Tvedt reported that Washington was able to raise reimbursement rates to the 75th percentile allowed in federal law. The number of licensed family day care homes in her state has grown from 6,000 to over 8,700 and the number of centers grew from 1,000 to 1,600 since 1990.

In sum, although it is clear that more low-income families are now receiving child care assistance than has been true in the recent past, the structure of federal subsidy programs is often confusing to families and aggravating to the agencies that are responsible for helping them. Furthermore, scarce funds relative to the population eligible for subsidies, pressures on state budgets that affect their willingness to match federal dollars, and fragmentation militate against providing consistent support to families as they shift from nonworking to working-poor status, make it difficult for families to act as informed consumers of care for their children, and also appear to create perverse incentives to states to underutilize some sources of child care support. Some states have done a better job of reducing the negative consequences of fragmented federal subsidies than others. Each of those represented at the workshop, however, voiced a remarkably similar set of concerns.

Quality and Continuity of Care

Apart from helping families obtain child care, efforts to improve the quality of available care options have not figured prominently in federal child care policies for low-income families. Concern about the quality of care that children receive has historically been the special reserve of early intervention programs, such as Head Start and the Chapter 1 pre-kindergarten programs, that are explicitly designed to "compensate for" disadvantageous home and community environments. There is, however, growing dissatisfaction with this bifurcated system of early childhood services. As a result, efforts to understand the impacts on child care quality of AFDC and welfare-to-work-based child care subsidies have grown.

Two aspects of this work were examined at the workshops. The first focused on the impact of a small set-aside for quality improvement initiatives at the state level in the Child Care and Development Block Grant. The second examined broader issues about how funding levels and the structure of federal child care subsidies affect families' access to higher-quality child care arrangements and the continuity of their child care.

Data from the U.S. Department of Health and Human Services (1995) indicate that, of the $66 million spent on quality improvement efforts through the Child Care and Development Block Grant, three types of initiatives consumed over 80 percent of the funds: resource and referral, monitoring, and training and technical assistance. Efforts to improve staff compensation, which many view as an important accompaniment of efforts to improve staff qualifications via training, received 1 percent of the quality funds.

State administrators who attended the workshops were unanimous in their praise of the quality set-aside. In practice, these funds appear to have enabled states to engage in more systematic efforts to provide training to providers who received Child Care and Developmental Block Grant subsidies, to provide child care referral services to low-income families, and to expand state-initiated quality efforts. For example, in Arizona, every type of provider can now receive training, whereas training had previously been very limited and available primarily to center-based providers. In Washington, the enforcement of state child care regulations was substantially improved, and resource and referral agencies now cover 90 percent of the state's population. In North Carolina, federal, state, and community funds have been merged to establish the Smart Start initiative (see inset). Smart Start is designed to encourage local innovation in early childhood services with the aim of helping every child arrive at school healthy and prepared

North Carolina's Smart Start (Remarks by Stephanie D. Fanjul)

Smart Start is designed to provide quality child care, health care, and other critical services to every child under the age of 6 in North Carolina. Initiated in August 1993, it's a new approach bringing together public and private sectors and galvanizing communities around their children so all North Carolina children can come to school ready to learn and can develop into productive workers and good citizens. It helps communities identify already-existing resources, learn how to better coordinate services, and then expand services using seed money from the state.

Smart Start is not the usual "big government" approach. Rather than designating a "lead" agency to run the program, counties come together and form nonprofit corporations. Low-income families, a key target for services, participate in decision-making, along with community leaders, ministers, business people, and others.

The three major goals of Smart Start are:

1. Every child in North Carolina will enter school healthy and prepared to succeed.
2. High-quality, affordable early childhood education and other critical services will be available to every child who needs them.
3. Parents and families will be involved in early childhood programs, providing a healthy, nurturing foundation for positive child development and growth.

It is estimated that 50 percent of the children in the 32 participating counties (over 70,000 children) are now receiving Smart Start services. Among the outcomes achieved:

- 77 percent of all children removed from child care waiting lists were provided services through Smart Start,
- 56 new child care programs that volunteered to meet higher-quality standards were added in the Smart Start counties, and
- Although Smart Start counties represent 18 percent of the total number of counties, they represented 30 percent of statewide growth in new child care arrangements.

We know now that no singular approach will offer adequate protection and support for all the different kinds of families in North Carolina. We also know that the progress we have experienced in the Smart Start counties can be achieved only if lots of people are committed to our children.

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to learn. The provision of high-quality child care with trained providers is the centerpiece of the initiative.

In general, the set-aside appears to have shored up relatively fragile state and local efforts to improve child care quality and protected a pool of funds that would otherwise have been channeled directly into subsidies. This zero-sum relation between the amount of money available for direct subsidies to the poor and the amount of money directed to quality improvements was a prominent theme in the workshop discussions. An additional manifestation of this tension is the concern of some that quality improvements that increase costs may make child care less accessible to low-income families. Indeed, the state administrators at the workshops expressed considerable anxiety about the possible loss of the federal quality set-aside, given the pressures they operate under to provide subsidies to more families. It is not possible to know, of course, which states would and would not be able to sustain their quality initiatives and what factors would distinguish between these two sets of states. The workshop participants were, however, favorably disposed toward retaining some funding for quality improvements in the context of a subsidy program, due in part to their recognition of the interrelationships among quality, cost, and access to care.

"IF WE LOSE THE QUALITY SET-ASIDE, PROGRAMS LIKE RESOURCE AND REFERRAL WILL NOT COMPETE WITH MANDATES TO GET FAMILIES OFF WELFARE."

Bruce Liggett (comments at workshop)

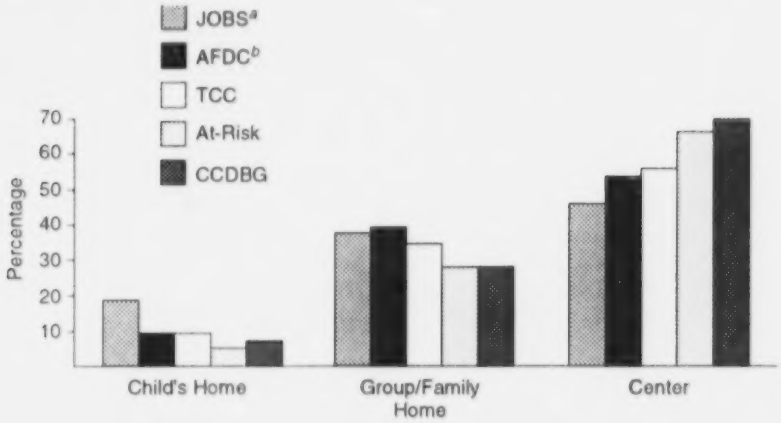
Beyond the set-aside, the workshop participants examined whether and how the low-income subsidy programs have affected the access of families with low incomes not to just *any* child care, but to care that corresponds more closely to their preferences. Findings reported at the workshops indicate that participation in federal subsidy programs does affect the type of care that families use in ways that would appear to reflect what we now know about their child care preferences. Furthermore, the relationship between the reimbursement rates reflected in subsidy levels and the local price of child care appears to affect families' access to quality care.

Data aggregated from state agencies indicate that the child care ar-

rangement most frequently chosen by parents receiving direct federal subsidies was center-based care (U.S. Department of Health and Human Services, 1995). The profile of arrangements used by these low-income parents is strikingly different from that used by all low-income families (Figure 2). Siegel and Loman found, as well, that AFDC families in Illinois showed different distributions of child care use based on whether they received a child care subsidy and which subsidy they received. Families that received a child care benefit that reimbursed them for their child care costs 30 to 60 days *after* they had been incurred, and thus discouraged the use of child care options that the families could not afford with their disposable income, showed patterns of use that were similar to those of unsubsidized, low-income families. In contrast, families who received subsidies through programs that either subsidized providers directly or enabled the families to pay providers when fees were due showed substantially higher rates of reliance on center-based and family day care arrangements.

Other evidence reported at the workshops also indicates that subsidies, per se, can help low-income families gain access to the same range of quality options that are available to higher-income families. The Urban Institute's survey of resource and referral agencies in six communities, reported by Long, indicated that the quality of care received by subsidized children was as high as that for higher-income, fee-paying children, as perceived by resource and referral staff. Staff in two of the communities, however, expressed concerns about quality. Long traced these concerns to relatively low reimbursement rates and inconsistent payments to providers. Suzanne Helburn, speaking of the Cost, Quality, and Outcomes Study, also reported that cash payments from government and philanthropies provide about 28 percent of center revenue, enabling centers to serve children whose parents could not afford the full tuition.

Whereas subsidies may promote access to a broader range of arrangements on behalf of low-income families by making them more affordable, the structure of these subsidies and the problems associated with scarce funds for the subsidies that are targeted to non-AFDC families appear to render reliance on these arrangements quite unpredictable. A topic of great concern at the workshops was the disruptions in continuity of care that are caused largely by the fact that states have few funds available for anyone other than AFDC families participating in self-sufficiency programs, as well as by the fact that families are forced to switch from one subsidy program to another as they move from public assistance to job training to work.



Note: By program, the following number of states/territories reported on type of provider: 46 for JOBS; 41 for non-JOBS AFDC; 48 for TCC; 45 for At-Risk; 50 for CCDBG.
[a]Children of JOBS participants receiving IV-A paid child care.
[b]All other AFDC children receiving IV-A paid child care.

FIGURE 2 Children served, by federal program and type of provider.
Source: U.S. Department of Health and Human Services (1995). October 1, 1992 through September 30, 1993.

Long's survey of six communities found that some communities have managed to construct relatively seamless child care systems, but others have highly fragmented systems that are extremely difficult for families to negotiate. In some cases, families need to switch agencies to obtain subsidies as their work status or income changes. The transition from subsidies that are tied to work preparation to the transitional subsidies that provide support for 12 months when parents first obtain a job appears to be an especially difficult one in many communities.

"FAMILIES DO NOT LIVE IN CATEGORIES; THEY PASS THROUGH THE CATEGORIES."
Jim Nicholie (comments at workshop)

Christine Ross presented data from the Urban Child Care Assistance Study, which includes information from both a telephone survey and in-

depth interviews with child care administrators and resource and referral agency staff in 23 cities and 15 states (Ross and Kerachsky, 1995). This paper examined the strengths and weaknesses of more centralized, consolidated child care systems ("integrated") and systems that have maintained a role for multiple agencies, operating relatively independently ("mixed"). Their results indicate that, although each approach offers benefits and drawbacks, integrated systems facilitate parents' efforts to apply for assistance (they often need apply only once), support families' transitions across the various subsidy programs more effectively, and appear to broaden parental choice of care arrangements. She also found, however, that effective integrated systems may require smaller caseloads than exist with mixed systems, to enable child care staff to inform parents about their choices and to keep track of parents as eligibility status changes, so they are linked effectively with the programs for which they are eligible.

These findings were reiterated many times as state and local child care administrators recounted their experiences. Among the challenges they face as administrators of federal child care subsidy programs, that of "not losing families" as their work status or income changes was extremely salient. Bruce Liggett noted that he administers an array of funding streams that comprise 18 different eligibility codes. His experience has sensitized him to the distinction between a parent-driven eligibility structure, in which access to subsidies depends on (and varies by) parent activity, and a hypothetical child-driven eligibility structure, in which funds follow children as their parents move from AFDC to stable employment and, as such, promote continuity of care. Jim Nicholie from Minneapolis expressed serious concerns about the number of changes in providers that children experience, noting that it is not just a matter of turnover, but of how much loss a child can handle.

In sum, the fragmentation of current child care subsidies and efforts to increase their target efficiency by, for example, narrowly restricting eligibility, appear to exacerbate other difficulties that low-income parents face in arranging predictable, continuous care arrangements for their children. The detrimental effects of discontinuities in care for young children were a prominent concern of the workshop participants, particularly when compounded by other sources of instability in these children's lives. And yet, when these parents have access to subsidies that allow for timely and adequate payments to providers, these subsidies appear to facilitate parents' ability to bring their child care arrangements more in line with the care they want.

Workshop participants raised as a major challenge the need to en-

courage seamless subsidies that do not disrupt families' movement from AFDC to dependable work while also maintaining the levels of funding and the attention to quality improvement that appear to offer these low-income families the same degree of parent choice in child care that is available to those who have greater resources. The research of Ross and her colleagues indicates that many states have managed to create relatively seamless systems despite fragmentation at the federal level. The scarcity of funds relative to the number of eligible families is, however, a more difficult problem for states to solve and one that consolidation is unlikely to address. In addition, the participants were keenly aware that overall levels of public assistance for child care relative to demand create major tensions at the state and local levels between funding direct services (basic maintenance of effort) and supporting efforts to improve quality and continuity of care.

6

Cross-Cutting Conclusions from the Knowledge Base

Over the course of the workshops, the discussion converged on several cross-cutting conclusions that are now emerging from the knowledge base about the current status of child care for low-income families in the United States. This final section of the report summarizes these conclusions, none of which should be viewed as formal consensus opinions. They offer insights from research and from the experience of state officials who administer federal child care subsidies for low-income families into salient issues affecting these families' efforts to obtain safe and reliable care for their children while they prepare for work and maintain employment. They also point to promising avenues for future research.

1. Low-income families—those on public assistance and those with marginal employment—resemble other families in the considerations that guide their child care preferences and choices, balancing perceptions of what will promote their children's sense of security and well-being with the demands of parents' jobs. They differ, however, in the degree to which financial and other constraints (marginal jobs, available arrangements, ease of access to relatives) limit their ability to match the arrangements they use with what they most want.

- The price of child care and the job demands of low-wage work (e.g., evening hours, rotating schedules) pose serious constraints to the child

care options that are realistically available to low-income, working families.

- All families report a primary concern with the well-being of their children when choosing child care. In addition, low-income families place a special emphasis on issues of safety and trust in the provider.
- Low-income families headed by single, working mothers are substantially more likely than other families (including low-income, two-parent families) to express dissatisfaction with their child care and a desire to change arrangements.

2. There is consistent evidence of a relatively low supply of care for infants, for school-age children, for children with disabilities and special health care needs, and for parents with unconventional or shifting work hours. These scarcities exacerbate other barriers that low-income families experience in matching type of care used with type of care that best meets their needs.

3. The quality of care that is available to low-income families is highly uneven: a sizable minority of care falls into a range of quality that some conclude may compromise development, and there is a very limited supply of arrangements at the high end of the quality spectrum.

- There is a very wide range of quality within every type of care.
- Children from low-income families—particularly those that are exclusively dependent on maternal income—are enrolled disproportionately in poorer-quality home-based child care arrangements; these inequities in access to quality do not appear to characterize child care centers, although this may be due to the relatively small proportion of low-income families who can avail themselves of generally part-day enriched early intervention programs.

4. Numerous observational studies have demonstrated that variation in quality has discernible and significant effects on children's development, *perhaps more so for low-income children.*

5. Continuity of care is more an elusive dream than a reality. The instability of infant care is of special concern: one of three infants experiences at least three different arrangements in the first year of life.

- Unstable child care affects all families, but poor and low-income

families are unduly affected by irregular and shifting work schedules, marginal employment, and, sometimes, the financial necessity of relying on fragile child care arrangements that can impede their efforts to obtain stable and reliable child care for their children.

6. Child care subsidies appear to facilitate low-income families' efforts to obtain and maintain paid employment by enabling them to obtain care that fits with their work schedules and that offers them assurance of their children's safety and nurturance; lack of subsidies may create major barriers to families' work efforts.

- Low-income parents who work and those in school cite child care costs as a major problem. The degree of the problem varies with access to subsidies.
- Low-income parents' perceptions of care they obtain as safe and dependable may also affect the success with which they are able to meet the requirements of welfare-to-work initiatives.
- Reimbursement rates that do not differ greatly from local market rates for child care make it possible for low-income families to avail themselves of child care arrangements that are similar in quality to those to which higher-income families have access.

7. Federal funding levels that restrict states' capacity to provide subsidies to all eligible families and pressures on state budgets that affect their willingness to match federal dollars, as well as the fragmented structure of current child care subsidies, lead to a series of detrimental consequences:

- State child care administrators are faced with difficult decisions regarding the allocation of scarce public subsidies across nonworking families who are on public assistance and those who are often equally poor or near poverty but are working.
- Disruptions in funding raise concerns about continuity of care for children and their parents, and may actually lead some families to cycle back onto public assistance when the loss of child care disrupts employment.
- Subsidies now operate as a system driven by parents' activities, with source of funding changing as families move from nonworking poverty to low-income work and beyond. Continuity of care, so important for young children, can be disrupted if states do not make special efforts to avoid

breaks in support or drops in reimbursement rates absent increased income.

- It can be difficult for parents, providers, and agencies to maneuver through the system; absent outreach efforts, parents are often uninformed of subsidies for which they are eligible.

8. Overall levels of public assistance for child care relative to demand create major tensions at the state and local levels between funding direct services and supporting efforts to improve quality of care.

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APPENDIX
WORKSHOP AGENDAS

WORKSHOP ON CHILD CARE FOR LOW-INCOME FAMILIES

February 21, 1995

National Research Council
Commission on Behavioral and Social Sciences and Education
Institute of Medicine
Board on Children and Families
2101 Constitution Avenue, NW
Lecture Room

8:30 - 9:00 **Continental Breakfast**

9:00 - 9:15 **Welcome and Introductory Remarks**
Speaker: **Jack Shonkoff**, Brandeis University

9:15 - 10:45 **Child Care Choices and Preferences of Low Income Parents**

Findings from the 1990 National Child Care Survey
Speaker: **April Brayfield**, Tulane University

Parents' Perspectives and Values of Child Care Options
Speaker: **Mary Larner**, Packard Foundation Center for the Future of Children

Children in Head Start and Transition Programs: Experiences During Out-of-School Time
Speakers: **Beth Miller**, Center for Research on Women, Wellesley College

Discussant: **Evelyn Moore**, National Black Child Development Institute

10:45 - 11:00 **Break**

11:00 - 1:00 **Status Report on Quality of Child Care Received by Low Income Families and Implications for Child Development**

Effects of Typical Child Care on Children in Poverty
Speaker: **Carollee Howes**, University of California at Los Angeles

Effects of Child Care on Children by Family Income Level: Cost, Quality and Outcomes Study
Speaker: **Ellen Peisner-Feinberg**, Frank Porter Graham Child Development Center, University of North Carolina, Chapel Hill
Early Childhood Experiences: Life in Preschool Study
Speaker: **Barbara Goodson**, Abt Associates, Inc.

Quality of Center Child Care on Infant Cognitive and Language Development
Speaker: **Peg Burchinal**, Frank Porter Graham Child Development Center, University of North Carolina, Chapel Hill

Effects of After-School Child Care Arrangements
Speaker: **Deborah Vandell**, University of Wisconsin

Discussant: **Jack Shonkoff**, Brandeis University

1:00 - 2:00 **Lunch**

2:00 - 3:15 **Recent Research on Child Care Costs**

Cost, Quality, and Outcomes Study
Speaker: **Suzanne Helburn**, University of Colorado at Denver

Child Care Prices: A Profile of Six Communities
Speaker: **Sharon Long**, Urban Institute

Discussant: **James R. Walker,** University of Wisconsin—Madison

3:15 - 5:15 **Role of Child Care in Supporting Family Self-Sufficiency**

The Role of Child Care in Welfare-to-Work Initiatives
Speaker: **Marcia Meyers,** Syracuse University, Center for Policy Research

Designing State and Local Child Care Programs to Support Transition to Self-Sufficiency
Speaker: **Christine Ross,** Mathematica Research Policy, Inc.

Child Care and AFDC Recipients in Illinois: Patterns, Problems, and Needs
Speakers: **Gary Siegel and Anthony Loman,** Institute of Applied Research

Effect of Child Care Subsidies on Low Income Mothers' Decisions to Work
Speaker: **Alicia Cackley,** U.S. General Accounting Office

Discussant: **Donna Klein,** Marriott Corporation

5:15 - 5:30 **Closing Remarks**
Speaker: **Jack Shonkoff**

WORKSHOP ON CHILD CARE FOR LOW-INCOME FAMILIES

April 10, 1995

National Research Council
Commission on Behavioral and Social Sciences and Education
Institute of Medicine
Board on Children and Families
Cecil and Ida Green Building
Room 104, 2001 Wisconsin Avenue
Washington, D.C.

8:30 - 9:00	**Continental Breakfast**
9:00 - 9:15	**Welcome and Introductory Remarks** *Speaker:* **Jack Shonkoff**, Brandeis University
9:15 - 9:45	**Update of Data on Federal Child Care Programs** *Speaker:* **Joan Lombardi,** Senior Advisor, Administration on Children and Families, U.S. Department of Health and Human Services
9:45 - 12:00	**Perspectives of State Child Care Administrators** *Speaker:* **Bruce Liggett,** Child Care Program, Arizona Department of Economic Security *Speaker:* **Karen Tvedt**, Office of Child Care Policy, Washington Department of Social and Health Services *Speaker:* **Stephanie Fanjul**, Division of Child Development, North Carolina Department of Human Resources *Discussant:* **Louise Stoney,** Stoney Associates
12:00 - 1:00	**Lunch**

1:00 - 3:00 **Subsidy Child Care Programs: Experiences of Local Communities**

Speaker: **Jim Nicholie**, Greater Minneapolis Day Care Association

Speaker: **Bobbie Weber**, Family Resource Department, Linn-Benton Community College, Albany, Oregon

Speaker: **Kathleen Haight**, Oskaloosa-Walton Child Care Services, Inc., Fort Walton Beach, Florida

Discussant: **Sharon Long,** Urban Institute

3:00 - 3:15 **Break**

3:15 - 5:00 **Findings from the National Institute of Child Health and Development Study of Early Child Care**

Speaker: **Jay Belsky**, Pennsylvania State University

Discussant: **Ruth T. Gross**, Stanford University

5:00 - 5:15 **Closing Remarks**
Speaker: **Jack Shonkoff**

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New Findings on Children, Families, and Economic Self-Sufficiency: Summary of a Research Briefing (1995)

Integrating Federal Statistics on Children: Report of a Workshop (with the Committee on National Statistics of the National Research Council) (1995)

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